

This applies to account number _____ and any and all other accounts that I may have or later open with TradeStation. *(complete this field if you have an existing brokerage account)*


TradeStation has asked, or you have requested, that you designate a trusted contact person age 18 or older. TradeStation is hereby authorized and permitted by you to contact your trusted contact person and disclose information about your account as described below. Please let us know if you have any questions about this form. This request and form applies to all of your TradeStation accounts, both with TradeStation Securities, Inc. and TradeStation Crypto, Inc.

You hereby designate the person identified below as your trusted contact person. You understand that by providing contact information for a trusted contact person, age 18 or older, you are authorizing TradeStation to contact the aforementioned trusted contact person and disclose information about your account in order to address possible financial exploitation, to confirm the specifics of your current contact information, health status or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by [FINRA Rule 2165](#) or any other applicable equivalent or similar rules of any applicable agency or regulatory organization.

You understand that (1) TradeStation **is not required to contact your trusted contact person**; and (2) **the completion of this form is optional and you may withdraw it at any time by notifying TradeStation in writing (use TradeStation address shown on account statement)**. If you would like to change your trusted contact person, you may do so by giving TradeStation a newly-signed Trusted Contact Person form with the box checked below to indicate that the new form supersedes the previous form.

CONTACT PERSON INFORMATION		
Name of Trusted Contact Person (First, Middle, and Last)		Relationship (e.g. spouse, child, holder of my power of attorney, lawyer, accountant, etc.)
Home Address		
City	State (U.S.)	Zip
Country	Province	
Primary Phone Number	E-mail Address	

Check here if this contact authorization supersedes previous contact authorizations.

Signature	
Signature of Client	
Print Name	
Date	